PHILADELPHIA CITY PLANNING COMMISSION

CIVIC DESIGN REVIEW

CDR PROJECT APPLICATION FORM

L&I APPLICATION NUMBER:

What is the trigger causing the project to require CDR Review? Explain briefly.

_____

_____

PROJECT LOCATION

Planning District: _____ **Council District:** _____

Address: _____

_____

Is this parcel within a Master Plan District? **Yes** _____ **No** _____

CONTACT INFORMATION

Applicant Name: _____ **Primary Phone:** _____

Email: _____ **Address:** _____

_____

Property Owner: _____ **Developer** _____

Architect: _____

CONTINUED ON NEXT PAGE

SITE CONDITIONS

Site Area: _____

Existing Zoning: _____ **Are Zoning Variances required?** **Yes** _____ **No** _____

SITE USES

Present Use: _____

Proposed Use:

Area of Proposed Uses, Broken Out by Program (Include Square Footage and # of Units):

Proposed # of Parking Units:

COMMUNITY MEETING

Community meeting held: **Yes** _____ **No** _____

If yes, please provide written documentation as proof.

If no, indicate the date and time the community meeting will be held:

Date: _____ **Time:** _____